

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 7 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42297

Registration District No. 448

Primary Registration District No. 5608

Registrar's No.

1. PLACE OF DEATH:

(a) County Laclede
(b) City or town Conway, Mo. Rural Union Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

3. (a) PRINT FULL NAME MARY ANN MONTGOMERY

3. (b) If veteran, name war ✓ 3. (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)
7. Birth date of deceased April 17 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 8 6 hr. min.

9. Birthplace Phillipsburg Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name George Chambers
13. Birthplace Laclede Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Adkinson
15. Birthplace Laclede Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emmaline Myers
(b) Address Phillipsburg Mo.
17. (a) burial (b) Date thereof Dec. 26 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lonesome Hill

18. (a) Signature of funeral director W. E. Holman
(b) Address Lebanon Mo.
19. (a) Dec 28 41 (b) Grace Price
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede
(c) City or town Conway Mo R#1
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 23
year 1941 hour 8 minute _____ P.M.

21. I hereby certify that I attended the deceased from 12-9, 1941, to 12-23, 1941
that I last saw her alive on 12-23, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris
Duration _____

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. W. Lindsay (M. D. or other) MD
Address Conway Date signed 12-29-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

~~District Health Officer No.~~
~~District File Number~~ 1-42-20
Date Filed Jan 5, 1942

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

....., Registered Apprentice No.
working under my personal supervision.

Signed *Dorsey M. Howe*

Licensed Embalmer No. 4222

P. O. Address *Lebanon Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.